## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed off	for transmitting the ISS ing the Patent, advance in Block 1, by	SUE FEE and PUBLICAT orders and notification of to (a) specifying a new corresponding to the	spondence address,	anwor (	o) marcaing a sepa	inc i de ribbicado ioi
CURRENT CORRESPOND	) Not Fee pap hav	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
HENRICKS SI SUITE 200 840 APOLLO S		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
EL SEGUNDO,	CA 90245						(Depositor's name)
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORN	NEY DOCKET NO.	CONFIRMATION NO.
10/776,010	10/776,010 02/09/2004		Josef V. Koblish	015916-308 9091			9091
TITLE OF INVENTION OTHER ORGAN SURF		S FOR POSITIONING	A DIAGNOSTIC OR TH	ERAPEUTIC ELE			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	01/08/2007
EXAM	IINER	ART UNIT	CLASS-SUBCLASS				
COHEN, LEE S		3739	606-041000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (3 CFR 1.363).</li> <li>Change of correspondence address (or Change of Corresponden Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.</li> </ol>			or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attornes on a single registered patent attornes or a single registered patent attornes will be	f up to 3 registered patent attorneys ternatively, a single firm (having as a member a ey or agent) and the names of up to int attorneys or agents. If no name is will be printed.  1 Henricks, Slavin 2 & Holmes LLP 3			
PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG Boston S	less an assignee is ident h in 37 CFR 3.11. Comp GNEE Cientific	ified below, no assigned pletion of this form is NO Scimed, Inc	· •	atent. If an assigne assignment.  'and STATE OR Co	OUNTR'	Y)	
Please check the appropri	iate assignee category or	categories (will not be p	printed on the patent):	Individual 🚨 Co	poration	or other private grou	ip entity  Government
Advance Order - #	to small entity discount p	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Fを音を記るという。  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
a. Applicant claims	tus (from status indicated s SMALL ENTITY statu	s. See 37 CER 1.27.	b. Applicant is no long	ger claiming SMAL	L ENTIT	Y status. See 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee and nterest as shown by the r	ecords of the United State	tes Patent and Trademar	ed from anyone other than the Office.	ne appnicant, a regis	cieu alle	micy of agent, of the	assignee or other party in
Authorized Signature				Date Jan	. 2,	2007	
	Craig A. S			Registration No		•	
This collection of informa in application. Confident ubmitting the completed his form and/or suggestic 30x 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 C itality is governed by 35 I application form to the ons for reducing this bur irginia 22313-1450. DO 13-1450.	FR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will var- den, should be sent to the NOT SEND FEES OR	on is required to obtain or re 1.14. This collection is esti y depending upon the indivi he Chief Information Office COMPLETED FORMS TO	etain a benefit by the imated to take 12 m idual case. Any con r, U.S. Patent and T D THIS ADDRESS.	e public inutes to iments o rademark SEND T	which is to file (and complete, including in the amount of time of time of the complete of the commissioner for the complete of the complete of the commissioner for the complete of the	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O. r Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.